

Communication Matters

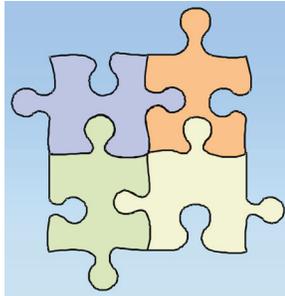
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Past issues of Communication Matters are posted on the **E-Learn Deaf & Hard of Hearing Resource Center**. Information or news related to Deaf or Hard of Hearing services may be forwarded to Julie Eckhardt at jewel@chartermi.net. Views expressed in this bulletin are not necessarily the views of Michigan Department of Labor & Economic Growth-Rehabilitation Services. Available on the web at: www.michigan.gov/mrs.

Serving Low Functioning Deaf Youth & Adults

The following is from a Position Paper developed by the LFD Strategic Work Group convened by PEPNet through a grant from OSEP and endorsed by the Rehabilitation Services Administration.



Now is the time to mobilize the deaf community, policy makers and federal program professionals toward the establishment of a coordinated, national approach that will assist Low Functioning Deaf (LFD) individuals who are most at risk to achieve optimal personal functioning and an enhanced quality of life through both meaningful employment at the workplace and independence in the community.

Who are LFD Individuals?

Within the population of individuals who are deaf or hard of hearing are a group of individuals with inadequate or no environmental supports whose functional skills and competencies are considered to be significantly below average making them the most at risk and underserved portion of the overall deaf population. These individuals, over the years, have been given a variety of labels, including underachieving, multiply handicapped, severely disabled, minimal language skilled and traditionally underserved, in addition to the current label of low functioning deaf (LFD). None of these labels adequately describe the population.

The LFD population is estimated between 125,000 to 165,000 individuals. While all members of the LFD population share the common characteristic of hearing loss, this population is also presumed to experience a number of risk factors, mostly environmental,

Continued on Page 2

How to Own a Business For People who are Deaf or Hard of Hearing

Sponsored by the Michigan Division on Deaf and Hard of Hearing

September 25, 2004

9:00 AM - 5:00 PM

Lansing Community College

\$15 Includes Lunch and Handouts

Agenda includes:

- Which businesses are right for Deaf and HOH people?
- How to start a business;
- Communication problems and solutions;
- Marketing and advertising;
- Regulations, taxes and insurance;
- A Panel of Deaf and HOH Business Operators.

The flyer is online at: www.mcddc-dodhh.org/

For registration or information contact:

Steven Whetstone, Workshop Coordinator

E-Mail: WhetstoneS2@michigan.gov

Toll Free: 1-877-499-6232 TTY/Voice

DID YOU KNOW?

National Deaf Academy provides residential mental health care and education to deaf and hard of hearing children, youth and adults.

For more information see:

nationaldeafacademy.com

that can affect their academic, social and vocational competence. These risk factors can include any one or combination of the following: the presence of secondary disabilities, being foreign born or having English as a second language, a lack of family support, inappropriate diagnosis, substance abuse, discrimination, inappropriate education and residence in a rural or low income urban setting.

As a consequence of these risk factors and lack of appropriate environmental and social supports, LFD individuals often have limited communication abilities, experience difficulty maintaining employment, demonstrate poor social and emotional skills and cannot live independently without transitional assistance. Most LFD adults read below the second grade level with academic achievements below the fourth grade. These individuals are not likely to have high school diplomas and are typically unable to participate in college and other post secondary vocational programs.

In contrast, today the majority of social supports and services available to deaf and hard of hearing youth and adults are targeted to those individuals who are able to participate in post secondary training and education programs. These programs are not able to effectively serve individuals who are not college bound, who are most at risk, or who have been identified as 'low functioning'. Unfortunately, there is no parallel system of financing from federal, state and local governments for post secondary training at non-college or vocational programs.

One of the Most Underserved Populations

The LFD population is one of the most underserved components of the nation's disability population. There are no federally-funded rehabilitation centers and few state and local resources that can effectively address the needs of these individuals. State-to-state differences with regard to policy, resources, funding mechanisms and the role of the state agencies have limited access to appropriate services for the population. Federal funding for direct services targeted to the population has been without consistent intent, continuity or clearly defined expectations. The 'musical' grants (time-limited pilot projects) for programs serving the LFD population have lead to restricted eligibility and services.

In addition, fees for services from state vocational rehabilitation (VR) agencies are not sufficient to address the long-term comprehensive needs of the LFD individual, and few Centers for Independent Living provide services to individuals who are deaf or hard of hearing, and, among those that do, fewer provide services to this population most at risk. The problem is compound-

ed by differences in the levels of skill and expertise of professionals working with the population and the availability of those professionals across the country.

Federal and state efforts to serve this population have been further hindered by the lack of consistent and clear criteria for identifying LFD individuals, resulting in unreliable demographics and estimates of the population. Yet federal resources have not been available for a coordinated study of population characteristics, and service delivery methods and outcomes. Research efforts related to the LFD individual have been limited to a single five-year project.

Effects of Recent Legislation

Changes in federal direction over recent years put the population even further at risk. Today's legislative policies emphasize quick results and competitive outcomes. The focus of Congress, the current Administration and the federal government continues to move away from national service delivery systems that offer specialized direct services toward decentralized generic systems that shift service provision responsibility to the state and local level.

The Workforce Investment Act (WIA) of 1998, which reauthorized the Rehabilitation Act for another five years, creates demands at the state and local levels for partner programs, such as the state VR program, to provide core services, coordinate common functions and share costs. While the one-stop model is designed to offer a wide range of service options to the general population, the system lacks the capacity to provide the kind of specialized services required by the LFD individual.

As another example, the Ticket to Work and Work Incentives Improvement Act (TWWIIA) makes it possible for millions of Americans with disabilities to join the workforce without fear of losing their Medicare and Medicaid coverage. The legislation does this by creating new options and incentives for states to offer a Medicaid buy-in for workers with disabilities and extending Medicare coverage for an additional four and one-half years for individuals on disability insurance who return to work.

The legislation includes a Ticket-to-Work program, which enables individuals receiving Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) benefits to obtain VR and employment services from their choice of participating public or private providers. However, the average cost of services to the individual, identified as LFD, is much greater than the outcome payments offered by the Social Security Administration (SSA) to the service provider participating in the Employment Network system.

The LFD student will also be disadvantaged by the ‘high stakes testing’ option that many states are implementing under the 2002 No Child Left Behind Act. Secondary schools already face significant challenges in reconciling the needs of the LFD student with the need to fulfill certain academic requirements. High stakes testing poses additional challenges by requiring schools that receive federal funds to achieve certain academic standards, including the requirement that students achieve 10th to 12th grade literacy to receive a high school diploma. In the past, deaf and hard of hearing individuals with fourth grade literacy achievements generally received a diploma. Under the new mandate, those individuals will now receive a certificate of completion, further limiting the post secondary training and employment options available to them. No new curriculum has been developed to enhance academic achievement of these students.

These legislative actions, while intended to improve quality of services and enhance the outcomes of federal programs, do not address the specific supports and services needed by individuals identified as LFD.

Unmet Needs

The challenges LFD youth and adults face in their daily lives result from the failure of national service delivery systems to provide access to appropriate services and environmental supports that will assist these individuals to become meaningfully employed and to function independently at home and in the community. Consequently, most LFD adults are dependent on welfare and do not work. Research indicates that more than 100,000 LFD adults are dependent on federal programs, notably SSI and SSDI. In addition, the number of LFD adults is projected to increase by 2,000 individuals each year due to the influx of new immigrants and high stakes testing requirements in public schools.

National consumer groups, federal policy makers, researchers and concerned professionals have struggled with how to best provide services and social supports to this population since the 1940s. The consensus of these groups is clear – the needs of the LFD population will continue to go unmet through existing service delivery systems.

A Model for a National Collaborative Service Delivery System

When person-centered, comprehensive, spe-

cialized services are provided by skilled professionals in conjunction with appropriate environmental and social supports, LFD youth and adults can become economically and socially self-sufficient and lead full and productive lives. The model for a National Collaborative Service Delivery System outlined here provides the framework for meeting that goal.

The National Collaborative Service Delivery System will build upon the expertise of service providers and programs already in the field as well as establish additional service components where necessary to ensure a full range of comprehensive services are available to the LFD population nationwide. The design for the proposed system will take into account existing programs, such as the Helen Keller National Center and the Postsecondary Education Programs Network (PEPNet), to maximize lessons learned, replicate effective practices and build upon already established linkages.

**See the Full Position Paper
on E-Learn:
Deaf & Hard of Hearing Resource Center
Under Learning Resources
*Serving Low Functioning Deaf
Youth and Adults: Position Paper***

The proposed system is based on the establishment of a National Center, which will provide national leadership and operate an on-site training and rehabilitation facility where LFD individuals and service providers can receive

intensive specialized services; a network of Regional Centers which will provide referral and counseling assistance to LFD individuals and technical assistance to service providers; and development of an Affiliate Network of public and private agencies that provide services to LFD individuals at the state and local level.

Linking the activities of the National Center, the Regional Centers and the Affiliate Network through the national system will maximize efforts, reduce duplication, facilitate information sharing and improve overall consistency in the provision of services to the LFD population.

This important linkage will ensure that capacity building occurs at all levels – nationally, regionally, state-by-state and in the local community.

Through services provided at the National Center, through the Regional Centers and at the Affiliate Network level, the national system will work one on one to teach, educate and rehabilitate LFD individuals according to their specific and unique needs. **If this model is fully funded, for the first time LFD youth and adults will have access to a full range of appropriate and effective services that will lead to constructive participation in the home and community, increased employability and other development pertinent to their rehabilitation.**